

REDACTED VERSION

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POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT		REGION VI	SITE NUMBER (for use only) TXD 981600802
<p>NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.</p> <p>GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-135); 401 M St., SW; Washington, DC 20460.</p>			
I. SITE IDENTIFICATION			
A. SITE NAME Nelson Menard, Jr.		B. STREET (or other identifier) 520 Dowlen Apt 203 (See Attachment A)	
C. CITY Beaumont		D. STATE Tx	E. ZIP CODE 77706
F. COUNTY NAME Jefferson			
G. OWNER/OPERATOR (if known) 1. NAME Unknown		2. TELEPHONE NUMBER See Attachment A	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input checked="" type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Apartment. Actual operating site is unknown.			
J. HOW IDENTIFIED (i.e., citizen's complaint, OSHA citations, etc.) Texas Department of Agriculture files		K. DATE IDENTIFIED (mo., day, & yr) 10-20-84	
L. PRINCIPAL STATE CONTACT 1. NAME Martyn Turner, TWC		2. TELEPHONE NUMBER 512-463-8541	
II. PRELIMINARY ASSESSMENT (complete this section last)			
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN			
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 3. SITE INSPECTION NEEDED TENTATIVELY SCHEDULED FOR: _____ a. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)			
C. PREPARER INFORMATION 1. NAME: Phyllis Frank, Engineering-Science 2. TELEPHONE NUMBER: 713-943-2922 3. DATE (mo., day, & yr): 6-10-86			
III. SITE INFORMATION			
A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (These industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if "inactive" quantity). <input checked="" type="checkbox"/> 2. INACTIVE (These sites which no longer receive waste). <input type="checkbox"/> 3. OTHER (specify): _____ (These sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)		SUPERFUND FILE?	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): _____ JAN 05 1993			
C. AREA OF SITE (in acres) Unknown		D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg-min-sec): 30° 06' N 2. LONGITUDE (deg-min-sec): 94° 09' W	
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Are many apartment units at the street address.			

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IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		B. STORER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. PILE	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL				
<input checked="" type="checkbox"/> 2. SHIP	<input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input checked="" type="checkbox"/> 2. INCINERATION	<input checked="" type="checkbox"/> 2. LANDFARM				
<input checked="" type="checkbox"/> 3. BARGE	<input checked="" type="checkbox"/> 3. DRUMS	<input checked="" type="checkbox"/> 3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP				
<input checked="" type="checkbox"/> 4. TRUCK	<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND	<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT				
<input checked="" type="checkbox"/> 5. PIPELINE	<input checked="" type="checkbox"/> 5. TANK, BELOW GROUND	<input checked="" type="checkbox"/> 5. CHEM/PHYS. TREATMENT	<input checked="" type="checkbox"/> 5. MOUND DUMPING				
<input checked="" type="checkbox"/> 6. OTHER (specify):	<input checked="" type="checkbox"/> 6. OTHER (specify):	<input checked="" type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input checked="" type="checkbox"/> 6. INCINERATION				
		<input checked="" type="checkbox"/> 7. WASTE OIL REPROCESSING	<input checked="" type="checkbox"/> 7. UNDERGROUND INJECTION				
		<input checked="" type="checkbox"/> 8. SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8. OTHER (specify):				
		<input checked="" type="checkbox"/> 9. OTHER (specify):					
Unknown	Unknown	Unknown	Unknown				

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Site activities are unknown. See attached comments.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Unknown

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input checked="" type="checkbox"/> (2) METALS SLUDGES	<input checked="" type="checkbox"/> (2) OTHER (specify):	<input checked="" type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (2) PICKLING LIQUORS	<input checked="" type="checkbox"/> (2) ASBESTOS	<input checked="" type="checkbox"/> (2) HOSPITAL
<input checked="" type="checkbox"/> (3) POTW		<input checked="" type="checkbox"/> (3) OTHER (specify):	<input checked="" type="checkbox"/> (3) CAUSTICS	<input checked="" type="checkbox"/> (3) MILLING/ MINE TAILINGS	<input checked="" type="checkbox"/> (3) RADIOACTIVE
<input checked="" type="checkbox"/> (4) ALUMINUM SLUDGE			<input checked="" type="checkbox"/> (4) PESTICIDES	<input checked="" type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (4) MUNICIPAL
<input checked="" type="checkbox"/> (5) OTHER (specify):			<input checked="" type="checkbox"/> (5) OYES/INKS	<input checked="" type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (5) OTHER (specify):
			<input checked="" type="checkbox"/> (6) CYANIDE		
			<input checked="" type="checkbox"/> (7) PHENOLS		
			<input checked="" type="checkbox"/> (8) HALOGENS		
			<input checked="" type="checkbox"/> (9) PCB		
			<input checked="" type="checkbox"/> (10) METALS		
			<input checked="" type="checkbox"/> (11) OTHER (specify):		

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Continued From Page 2

V. WASTE RELATED INFORMATION (continued)				
3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).				
Unknown. See attached comments.				
4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.				
Unknown. See attached comments.				
VI. HAZARD DESCRIPTION				
A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark "X")	C. ALLEGED INCIDENT (mark "X")	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

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VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.			
<input type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input type="checkbox"/> 3. STATE PERMIT (specify): <u>TDA individual license #560</u>	
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATMENT	<input type="checkbox"/> 9. RCRA DISPOSER	
<input type="checkbox"/> 10. OTHER (specify):			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN			
4. WITH RESPECT TO (list regulation name & number):			
VIII. PAST REGULATORY ACTIONS			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (summarize below)			
IX. INSPECTION ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
X. REMEDIAL ACTIVITY (past or on-going)			
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			

ATTACHMENT A

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT SUPPLEMENT SHEET

Instruction - This sheet is provided to give additional information in explanation of a question on the form T2070-2.

Corresponding number on form	Additional remark and/or explanation
I.B.	Approximately one quarter mile north of Phelan on Dowlen. Address is on east side of the road.
I.C.2	Telephone number is unknown. No listing is given. See attached comments for details.
V.C.2	Apartment 203 was not examined. No wastes were visible from the outside.

TWC PA/SI PROJECT
PRELIMINARY ASSESSMENT COMMENTS
NELSON MENARD, JR.
BEAUMONT, TEXAS
JEFFERSON COUNTY

DOCUMENTATION OF SITE ACTIVITIES

A TWC preliminary assessment of Nelson Menard, Jr. was performed by Phyllis Frank of Engineering Science, Inc. Nelson Menard, Jr. could not be located. On May 21 beginning at 1:50 PM, a visit was made to 520 Dowlen. This is the location of Greentree Village Apartments. The apartment rental office had no record of Nelson Menard living in an apartment. (b) (6) lived in an apartment in 1979. However, the apartment was not 203. The phone company has no listing for a Nelson Menard, N. Menard or a (b) (6). Three Menard's are listed in the phone book. The numbers could not be reached or had never heard of a Nelson Menard. The Texas Department of Agriculture had no further record of Nelson Menard, Jr. Since no additional information can be obtained about the site, no further action is recommended for Nelson Menard, Jr. under the TWC PA/SI program.